

# August 2023 MEQ Examination

## Post-examination Report



### **MEQ Examination**

The Committee for Examinations followed established procedures to set the August 2023 MEQ Examination and to determine the pass mark. Standard setting to determine the pass mark was conducted at The College and at Satellite Standard Setting Meetings across Australia and New Zealand.

The Committee for Examinations reviewed the performance of borderline candidates across the examination. Please note that, as candidates' performance is carefully scrutinised by the committee, results are final and will not be reviewed.

Candidates are provided feedback on their performance in identified curriculum areas taken from the syllabus; this appears in their result letter. Result letters were released via InTrain and the MY RANZCP website on 29 November 2023 for trainees and SIMG candidates, respectively.

**Table 1: Summary – August 2023 MEQ**

	No. of candidates
No. of candidates enrolled in the MEQ examination	292
No. of candidates successful	154 (53%)
% of candidates passing on their first attempt	63.6%
% of SIMG candidates passing	43.3%
% of trainee candidates passing	53.8%

Many candidates did not elaborate on their responses, such as justifying/explaining their answers and provided only lists in their responses when the questions specifically requested, "Outline (list and justify)" or "Describe (list and explain)." On the other hand, some candidates included details justifications/explanations which were unnecessary in a "List" question and likely consumed excess time in the exam. Candidates are reminded to make themselves aware of the instructions in each question. More information can be found in the guide 'MEQ Instructions to Markers', [MEQ-marking-guide \(ranzcp.org\)](https://www.ranzcp.org/MEQ-marking-guide)

Candidates are advised to restrict themselves to commonly used abbreviations or acronyms; some candidates appeared to use region-specific acronyms which could not always be interpreted. Markers hail from both Australia and New Zealand and may not be familiar with abbreviations or acronyms which may not be in common parlance.

**Table 2: Average marks achieved in each MEQ**

MEQ	Marks worth	Average mark achieved (with SD)
1	37	14.74 (3.2)
2	24	10.48 (3.2)
3	20	13.37 (3.2)
4	23	11.84 (3.1)
5	21	10.58 (2.5)
		Average total mark 61 (48.8%)

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Commentary below on each MEQ was provided by markers.

### **MEQ 1**

The first MEQ was a governance question about the use of restrictive interventions in an inpatient unit. Some candidates were able to think broadly about factors that impact on restrictive practice. Overall, the domains relating to staff and systemic factors impacting on restrictive treatments were well covered. Domains relating to patient factors contributing to restrictive practices were less well answered, such as male gender, psychotic illness.

MEQ 1 performed poorly (40% average marks achieved), many candidates did not pay attention to the Describe (*list and explain*) prompts, providing lists without expanding on their answers and thus did not receive any marks. Whilst in the "List" question, candidates expanded on answers which was unnecessary.

### **MEQ 2**

MEQ 2 asks the candidate to discuss a proposition that is relevant to clinical practice. The questions required candidates to consider policy, research and professional/ethical aspects associated with a highly relevant clinical dilemma.

Candidates tended to understand the workplace-related challenges associated with inclusion of physical health care, to expound on the relevant overlap between physical and mental health and to cite specific examples of physical health concerns that manifest psychiatric symptoms. Some candidates were able to identify the role of supervision in addressing knowledge and practice gaps for the trainee mentioned in the vignette. Many candidates had little knowledge of the college standards on physical health and the need for ongoing professional development.

Candidates were aware of physical health concerns associated with a person who had a possible first episode and who had been restrained. Answers acknowledged some degree of problem with the term "medically cleared" although this was not often articulated well.

MEQ 2 covered curriculum areas of Leadership, Governance and relevant legal frameworks, Professional communication, Basic sciences, Medical knowledge and Advocacy.

This MEQ had an average of 44% marks achieved.

### **MEQ 3**

MEQ 3 tested knowledge of assessment of addiction and anxiety and management of these. This MEQ performed well with an average of 67% marks achieved.

Generally, a holistic, collaborative and patient centered approach was adopted by a majority of candidates. They demonstrated a good understanding of psychological and lifestyle management factors for anxiety disorders including panic disorder.

Few candidates addressed the clinical presentation completely rather splitting the answer into two separate clinical problems. This was an addiction/dual diagnosis question involving a patient who developed dependence on alprazolam for panic disorder.

### **MEQ 4**

There was a good understanding of indigenous issues and how to make culturally sensitive assessment and treatment recommendations in MEQ 4, a repeat question. The question covered a significantly important area in mental health in line with psychosociocultural formulation and the recovery model.

Candidates are still failing to read the prompts and listing answers without any justification.

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The MEQ usefully explored the candidates' views on working in a remote setting with indigenous people, with some having minimal understanding of Indigenous kinship systems and social order in remote communities.

This MEQ had an average of 51% marks achieved.

### **MEQ 5**

MEQ 5 covered treatments, basic sciences and medical knowledge areas of the curriculum based around an ECT scenario.

Most candidates identified the important aspects of administration of ECT safety. The cohort were able to clearly detail that consent was required, the legal process for patients unable to consent and that they would use multimodal approaches to provide teaching to trainee registrars.

This MEQ had an average mark of 49% achieved, which was disappointing given that most trainees would complete their ECT EPA in Stage 1.

### **Final comments**

All MEQs addressed clinical scenarios encountered in clinical practice in Australia and New Zealand. Candidates performed well in the following curriculum areas; psychology, philosophy and psychodynamic principles, specific disorder – mood, specific areas of practice – addiction and treatments. In general, the candidate's performance demonstrated a poor understanding of areas of basic sciences, medical knowledge, professional communication and liaison, and a specific area of practice – consultation liaison. This suggests that further experience, reflection, and study are required for success in the examination.

The exam is set to a standard expected of a candidate at the end of stage 3. Thus, candidates are expected to provide responses that reflect a capacity to appreciate both broad issues and specific perspectives, and an understanding of clinical governance. Candidates are encouraged to use supervision opportunities to discuss consultant perspectives in their daily clinical work and to seek advice and feedback with practice answers.

Candidates are reminded of the importance of reading the question carefully and including responses specific to the questions being asked whilst maintaining overall perspective.

Candidates are reminded of College resources and strongly advised to practice on past examination papers, which can be found here ([Modified Essay Question - previous exams | RANZCP](#)). Candidates are encouraged to use supervision opportunities to discuss consultant perspectives in their daily clinical work and to seek advice and formative feedback on practice answers. We refer you to the College website for slides from the MEQ pre-Congress workshop conducted on 28<sup>th</sup> May 2023 [meq-writtens-congress-2023.pdf \(ranzcp.org\)](#)

Time management and pacing are important in the exam and should be part of a candidate's preparation to ensure all questions are answered in the allocated time. Practicing under timed conditions is recommended. This has improved with more time available in recent examinations.

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